BINDING

FOR

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County Howard	Registration Dist. No. 191
Village or City Ell state City	M-
(li	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long In U.S. if of foreign birth? yrsmosds.
2. FULL NAMESTELL Gorn Child of Harvey	a. v Mildred M. L. Bakev.
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIRY, That I attended deceased from
10111 1041	0 (10 , 1951, to 0) 1 (19 5)
6. DATE OF BIRTH (month, day and feet). 16, 1931	I last saw hall alive a no 4, 19 ; death is said
7. AGE Years Months Days If LESS than 1 day,	to heve occurred on the date stated above, at
ormin.	The PRINCEPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER	Date Ut Ullsot
SAWYER, BOOKKEEPER, etc. All Lill	Wellerth
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (month and	0.000
1D. Date deceased last worked at this occupation (month and year)	
410 1	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	To your Day Tolk
(State or country)	David Clause
13. NAME Harvey a Dater	
13. NAME Hawey a Baker	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME/Mileney M. T. Jet	23. If death wes due to external causes (VIDLENCE) fill in elso the following:
15. MAIDEN NAME WILLIEUM, T. Jett 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did Injury occur?
17. INFORMANT Harvey G. Baker (Address) Eelisla & Cit, Mid	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION DR REMOVAL	Manner of injury
Place Velrick (a. Date Sign. 18, 1931	Nature of injury
19 UNDERTAKER Easton Sous	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Ellies City Med.	If so, specify
20. FILED Sept 17, 19 WIT Frissell	(Signed) Clyban Dyerbert M. D. (Address) Clyban Tub M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	rample I		Example II	
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BUREAU V.	3		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 10855
1. PLACE OF DEATH	(83)
County Howard.	Registration Dist. No. 193
Village of City Noodbure,	NoSt,Ward
Length of residence in city or town where death occurredyrs/_mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Thurles Lester Bea	rita,
(a) Residence: No. Moodbrice, M	St Ward.
(Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (verific the word) Thite	21. DATE OF DEATH Sefet = 23 = 193 / (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY GERTIFY, That I attanded deceased from
1928-8-1	Liet courb alive on 10 death is said
6. DATE OF BIRTH (month, day, and year) / 9 / 8 6 7. AGE Years Months Days If LESS than	I last saw h alive on, 19; death is said to have occurred on the date stated above, at 3.3.0 Pm.
3 / 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, A howe	were as follows: accidental drowning 82/01,23.31
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked at 11. Total time (years)	after investigation Causes,
10. Dato deceased last worked at this occupation (month and spent in this year)	necessary
12. BIRTHPLACE (city or town) Maryland, (State or country)	Other Contributory Causes of importance:
13. NAME John It, Bearth,	
13. NAME John JY, Bearth, 14. BIRTHPLACE (city or town) January Contents of the country)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lilie M. Corter, 16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?, 19, 19, 19
17. INFORMANT John A. Bearth, (Address) Hoodbrie, mid.	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, EMEMATION, OR REMOVAL Place Norgan Chapel Cubit Dept, 25=1931.	Manner of injury
19. UNDERTAKER 6. M. Walty (Address) mustically ned.	24. Was disease ar injury in any way related to occupation of deceased?
20. FILED Jy 12 4, 1931 My mach	(Signed) Frank & Smith acting Corumes 4.0.
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU VS.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLACE OF DEATH	10856 STATE OF MARYLAND
County Howard.	CERTIFICATE OF DEATH Registration Disk No. 195
Village or City Savage (No. 2FULL NAME M. Idele Bell	St.: Ward) (If death occurred a hospital or institution, give its NAME stend of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Sept 8th, 1923
6 DATE OF BIRTH Dec 18th 1869	17 I HEREBY CERTIFY, That I attended the deceased for Mary 1923 to Sept 8 1, 192
(Month) (Day) (Year	that I last saw h Malive on Sept 1 - 192
6/ yrs. 8 nios. 20 ds. or min.	s. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or Abousewefle particular kind of work	Toarcuomatorisof
(b) General nature of industry business, or establishment in which employed or (employer) Oton home	(Duration) Q yrs. wos.
9 BIRTHPLACE (State or country) Md -	Contributory Secondary (Duration) Vis. 4 mos.
10 NAME OF P. a. Stommond	(Signed) Chas 65 unibleson M
OF FATHER (State or country) 12 MAIDEN NAME	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Norvelle a Kirby 13 BIRTHPLACE	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra- ients or Recent Residents) At place In the
OF MOTHER (State or country)	of death yrs. mos. ds. State yrs. mos
(Informant) Mid M. M. Deo Barry	if not at place of death? Former or usual residence
(Address) amakolis buch hill	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 9/10/31 192 Frankshiplan, Registrar,	20 UNDERTAKER ADDRESS ADDRESS ADDRESS
If more branks are needed, address State Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

*to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (we state occupation at beginning of illness. If retired from or given up on account of the DISLASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook definite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," ctc.. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealthe first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. Housemaid, etc. If the occupation has been changed For many occupations a or yrs). Furm laborer, At Home, and children, without more precise specification as Day For persons Luborer-Coal mine, etc. Womwho have no occupation single word or term on not gainfully em-The ques-

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation, using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dishtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia,"; Lobar preumonia, Branchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepais, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause (secondary or intercurrent) affection need (name origin; "Cancer" is less definite; avoid American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, for which surgical operation was Committee on Chronic etc. valvudar heart disease; Nomenclature The Always qualify all contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	10857
PLACE OF DEATH	STATE OF MARYLAND
County Jonard	CERTIFICATE OF DEATH
5//	Registration Dist. No. 194
Village or City Augustum (No. 2FULL NAME John audyn	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
MARRIED. Un flu OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw he me alive on Suff (), 193/
7 AGE [If LESS than	and that death occurred on the date stated above, at
yrs. 2 mos. / 4 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs. / mos. ds
Which employed or (employer)	Contributory
(State or country)	Secondary 4
10 NAME OF FATHER CONDING STATES 11 BIRTHPLACE OF FATHER (State or country) My	(Signed)
T 12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place In the of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant)	Former or usual residence
(Address)	What and the but west 9 102)
Filed 4/8/3/192 Dr. S.a. Milles Registrar	20 SNDERTAKER ADDRESS J. C. Hegenbottom Elicott Cita
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U.S. Compand American Public Lastin Association)

Statement of compation of cupation is fulness continued by fulness continued by fulness continued by fulness continued by full and for it is a cases, especial sary to know nature of the additional little should be used an Spinner, by continued by morked by it is worked by it is larger than the six work, or a fulneshold continued by the report of the

Statesman de Employer EAS.

EAS.
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H 144 All the All the Line and Line and

V. S. No. 1

xact	PLACE OF DEATH	10858 STATE OF MARYLAND
	County JAMM	© CERTIFICATE OF DEATH
led	1 01	Registration Dist. No. 193
properly classi of certificate.	Village or City What Ranson	St.: Ward) Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
ceri	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
may be pr n back of	A COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
- 0	July 21, 931	192 190 11/1 2/ , 1922/
that	(Month) (Day) (Year) 7 AGE (If LESS than	that I last saw homer than 1922h
terms so that e instructions	Addition de l'Aday hrs. de or min.?	
င္တ	(a) Trade, profession or particular kind of work	Million
In pla	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs,mosde.
Impo	9 BIRTHPLACE (State or country) Maryland.	Contributory Secondary (Dyration) yrs
s very	10 NAME OF FATHER ANSWERS HALLANDER	(Signed) // // // M. D.
TION	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
4	of MOTHER Margaret play on	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
occuz,	13 BIRTHPLACE OF MOTHER (State or Country) Productile land	At place of deathyrsmosds. In the Stateyrsmosds.
5 6	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
statement of	(Informant) lower W Juliaffels	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
tate	(Address) Comments	Buch Park Centy Auf 22 19 3
2 8	Filed fift 2219231 Muslim Registras	Let Way on Corbanile
	If more blanks are needed, addre.s Ltate Registras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemand, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on (6) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic Example: Measles (disease etc. valvular heart disease; The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURTAU

		10859
	PLACE OF DEATH	STATE OF MARYLAND
	County Howard	CERTIFICATE OF DEATH
	Malt	Registration Dist. No. 191
e de la	Village or City Clepiesle (No.	St.: Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
	2FULL NAME HARRIER	number.)
Cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
de x	Teurale Colored on pythodon	16 DATE OF DEATH Sept. 13, 19231
2 20 20	6 DATE OF BIRTH Cluberown. 1	I HEREBY CERTIFY, That I attended the deceased from
5	(Month) (Day) (Year)	that I last saw h lalive on 1923
Istract	If LESS than I day hrs. ds. or min.	and that death occurred on the date stated above, at, 401. m. The CAUSE OF DEATH * was as follows:
1000	B OCCUPATION (a) Trade, profession or particular kind of work	Emorne / gocardite
1	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) 2 yrs. mos ds,
od un	9 BIRTHPLACE (State or country) Mare lavel	Contributory Secondary (Duration) yrs mos ds
vory	10 NAME OF STATHER SULLECTION	(Signed) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	11 BIRTHPLACE OF FATHER (State or country) (State o	*State the Disease Causing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Thomas 13 BIRTHPLACE 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	OF MOTHER (State or Country) Are Above is true to the Best of My Knowledge	At place of deathyrs
	(In Miles - Elizabeth, Smil	Armer or usual residence
	(Address) 110 W. 1/49th St. Kewife	Locust Chafel Jeff 16,31
	Filed Sofo /6 1981 W/ Besselling Registrar	Carly Sons Cleans
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queswork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an Civil engineer, whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed first line will be sufficient, e.g., Farmer or Planler, sician, Compositor, Architect, Locomotive engineer, il engineer, Stationary fireman, etc. But in many For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all as fracture of skull, "Atrophy," "Collapse, Never report mere symptoms or terminal condi-Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory

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tired 6 yrs). For persons who have no occupation whatever, write None. business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Sulcaman. (b) Gracery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Physician, Statement of Occupation-Precise statement of ocor At Home, and children, For many occupations a single word or term on Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many not gainfully em-

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American Medicar assessment of this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Anvard	CERTIFICATE OF DEATH
	Registration Dist. No. 195
hear Hannel	
Village or City (No.	St.: Ward) (If death occurred in a hospitel or institu-
1 liel has	Hospital tion, give Its NAME instead of street and number.)
2FULL NAME MILLY TAY	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale White Single MARRIED. Single WHOWED. WHO WED OR - DIVORCED (Write the word)	Septentes (Month) / 8 (Day) /93 / (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
June 4 . 1930	Sift 17 1901. to sift 18 , 1901,
(Month) (Day) (Year)	that I last saw h Malive on Alft 18 , 1993/,
7 AGE [If LESS than	and that death occurred on the date stated above, at 5130 A.m.
l dayhrs.	The CAUSE OF DEATH * was as follows:
yrs	So catanhal Larguagno.
(a) Trade, profession or	
particular kind of work	
(b) General nature of industry business, or establishment in	6.
which employed or (employer)	(Durstion) yes mos de.
9 BIRTHPLACE (State or country) Bultmore Ind.	Contributory Secondary Duration) yts
10 NAME OF Toilliam I, Hoss	(Sighed) No Let & Malerry M. D.
OF FATHER DOLL	Sept 18 1921 (Address) Land Mod
(State or country) Baltomore hill	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Ebil Man Girmnerma	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Bultimore Ind.	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
20 1	Former or usual residence
(Informant) Dig Gran.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
(Address) family hid.	Loudon Sack Sout 21. 1931
15 9/18/31. Manage & 1 1000	20 UNDERTAKER ADDRESS
Filed / 0/192 / Warren Registrar	M/res Eook 1217 St Rave
If more blanks are needed, address State Registra	r, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise spermeanner. Interpretation of the laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been char ed to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. ingcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Chronic interstitial nephritis, Whooping American Medical Association.) (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature Measles;

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V. S. No. 1

A. If married, wildowed, or divorced Hussahard of (Month) (Day) (Year) ALAGE Vears Months Days II LESS than I day, hrs. or min. 3. Trade, profession, or particular single profession, or particular	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10862
Village or City Client City No. St. Ward Length of residence in city or town where death occurred (a) Residence in city or town where death occurred (b) Residence in city or town where death occurred (a) Residence in city or town where death occurred (b) Residence in city or town where death occurred (c) Residence in city or town where death occurred (d) Residence in city or town where death occurred (d) Residence in city or town where death occurred (d) Residence in city or town and State PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE S. SIMELE, MARKEE, WIDNER (D) S. SEX 4 COLOR OR RACE S. SIMELE, MARKEE, WIDNER (North) S. DATE OF DEATH (North) (North) (Day) (Veran) (North) (No		97)
Length of residence in city or town where death occurred. yrs. nos. ds. How long in U. S. If of fersign birth? yrs. mos. ds. ds. How long in U. S. If of fersign birth? yrs. mos. ds. ds. How long in U. S. If of fersign birth? yrs. mos. ds. ds. How long in U. S. If of fersign birth? yrs. mos. ds. ds. ds. ds. ds. ds. ds. ds. ds. d		Registration Dist. No.
Length of residence in city or town where death occurred	Village or City Ellewith City	
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINCLE MARRIED, WIDOWED, OR UNJOKED WINE the purely (Wear) A. If married, widewed, or divorced (or) Wile of Chooo Makeuse 1. DATE OF DIRTH (month, day, and year) Other of John Sale (Particular or) Wile of Chooo Months (Particular or		
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	2. FULL NAME James agnes Maken	son
4. COLOR OR RACE ON DYNGRED (enrice thy part) 3. If married, widowed, or divorced HUSBAND of (W) Wife of Chaso S make was all the state of the stat		
OR DIFORCED (write the word) A. If married, wildowed, or divorced HUSBAND or Control of (Wanth) Day If LESS than I say	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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5. DATE OF BIRTH (month, day, and year)	ia. If married, widowed, or divorced HUSBAND of (or) WIFE of Chara 7 mg forusard	
AGE Years Months Days If LESS than to have oppured on the date stated above, at 10 mm. 8. Trade, profession, or particular law of work one, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWMEL, BOKKEEPER, etc. 10. Date deceased last worked at this occupation month and year) 11. Total time (years) spant in this year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT AD Malamien (Address) 18. BURIAL, CREMSTION, OR REMOVAL Place AT DAMO Date. 19. Whore results on the date stated above, at 10 mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Atture of Sultrace and International Country Other Costributory Causes of importance: Name of operation. Name of operation. Name of operation. Date of What lest confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. Never did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Other Costributory Causes of importance: What lest confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. Never did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Other Costributory Causes of importance: What lest confirmed diagnosis? Was there an autopsy? 24. Was disease or Injury in any way related to occupation of deceased? If so, specify If	24	1. 1/2 21
3. Trade, profession, or particular Rind of work dome as SPINNER, SANYER, SALVER PROJECTION OF PARTICULAR RIND OF WORK dome as SPINNER, SANYER, CAT Journel Mind of work dome as SPINNER, SANYER, CAT Journel Mind of work dome as SPINNER, SANYER, CAT Journel Mind of work was dome as SILK MILL, BANK	7. AGE Years Months Days If LESS than	1/
SAMYER, BOOKEPER, etc. At North Advance	8/ /0 / 9 ormin.	was as fallows
Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc.	kind of work done, as SPINNER.	artinio- Silinario, 1990
10. Date deceased last worked at this occupation (month and years) spant in this occupation (month and years). 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. WNDERTAKER (Address) 19. WNDERTAKER (Address) 10. Date deceased last worked at this occupation was part in this occupation of deceased? 11. Total time (years) spant in this occupation of deceased? 11. Total time (years) spant in this occupation of deceased? 12. BIRTHPLACE (city or town). (State or country) Name of operation. What test confirmed diagnosis? Was there an autopsy? 22. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. Specify whether injury occurr? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury. Nature of injury. 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed). M. D.	9. Industry or business in which work was done, as SILK MILL.	muse our e
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19. WNDERTAKER I Style who kout De 24. Was disease or Injury in any way related to occupation of deceased? (Address) Elizate City Med. If so, specify If Manager M. D. (Signed) M. D.	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
(Address) Elliatt City Md. If so, specify J. A. Janaury M. D. 20. FILED Left 8, 1931 Wy & Frisell (Signed) The January M. D.	Place SI Journ. Date 7 3 ,193/	Nature of injury
20. FILED Sept 5, 1931 WI Frisell (Signed) It the Lamany M.D.	19. UNDERTAKER IP Hig whorkout Ja	
20. FILED	(Address) Elicatt City Md.	
	20. FILED WITH OF, 1931 WTH HUSELL Registrar.	9 11 3 1 1 1 - 1/2 -

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
			0 0
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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infor-

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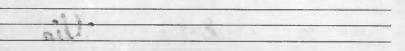
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	001 2 351	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis	- TT 6	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BULLAUVS	July 5,1927	Perilonitis	3 days ago	
2.5	has more described and the second				
Other contributory causes	s of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



MARGIN RESERVED FOR BINDING

V. S. No. 1

24 less. pres

O STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	59)
County toward	Registration Dist. No. 190
Village or City Dorsey Mich	NoSt.,W
Length of residence in city or town where deeth occurred 7 3 yrs	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmos
0.1.84	DI,
2. FULL NAME 10 arolevil & la	O. W. J
(a) Residence: No. Down (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the wird) Wildsweed	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. a. Stall	22. HEREBY CERTIFY, That attended decessed to 15 19/10 9/1/118
6. DATE OF BIRTH (month, dey, end year)	I last saw here alive on 9/1/1, 1931; death is
7. AGE Years Months Deys If LESS than	to heve occurred on the dete stated above, et .3m.
8 / - 7 - 28 1 day,	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	Destres 1
9. Industry or business in which	Branch School Sylvanon
SAW MILL, BANK, etc	Chronic hyperitis 1921
11. Total time (years) this occupation (month end year) 11. Total time (years) spant in this occupation	The state of the s
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) 19 errory	Caronary Empolus 9/11/
13. NAME Geo. Schwith	
13. NAME Geo. Schmitt 14. BIRTHPLACE (city or town)	Neme of operation Dete of
(Stete of country)	What test confirmed diagnosis? Wes there en eutopsy? 2
16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, I9
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Muss Carry Wilall (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL OF MATION, OR REMOVAL	Manner of injury
Place from march Dete Defr. 16/, 131	Neture of injury
19. UNDERTAKER The W.C. White Co. Suca (Address)	24. Wes disease or injury in any way releted to occupation of deceased?
20. FILED Sept. 15, 1931 . Bind William. Registrar.	(Signed) B Warry (Address) David Rus
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUSSAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		· ·		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 10865			
1. PLACE OF DEATH	720			
County Stoward	Registration Dist. No. 193.			
	lbino, Tril. St, Ward			
	(If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. it of foreign birth?			
2. FULL NAME Clinton Townsend.				
(a) Residence: No.	St., Ward.			
(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Manual Manual	21. DATE OF DEATH (Month) (Day) (Year)			
5a. If merried, widowed, or divorced HUSBAND of (pr) WHE of Ja Downsond,	22. JAEREBY CERTIFY, Wat I attended deceased from 1930 to 1931			
6. DATE OF BIRTH (month, day, and year) 1873-10-5	1 bot saw have alive on Dell 2, 193/; death is said			
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11:20 P.m.			
J7 10 27 1day,hr	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:			
8. Trede, profession, or particular kind of work done as SPINNER,	flux			
9 Industry or business in which	On A f			
work was done, as SILK MILL, SAW MILL, BANK, etc.	mysta reupernus).			
10. Oate decesed last worked at this occupation (month and year) 11. Total time (years) spent In this occupation				
12. BIRTHPLACE (city or town) Maryland.	Other Contributory Causes of importance:			
# 13. NAME Ohas, F. Japanemel.				
14 BIRTHPLACE (city or town) Mary Rund (Stete or country)	Name of operation Oate of What test confirmed diagnostic formula was there an eulopsy?			
15. MAIDEN NAME Oliza J. Hobbs	23. If death was due to external causes (VIOLENCE) fill In also the following:			
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?			
17. INFORMANT Mis. Dorsey martine, (Address) Hoodline mer, R. F. S.				
18. BURIAL, CREMATION OR REMOVAL Country Dept. 4=, 1931	Manner of injury			
19. UNDERTAKER 6. M. Walts, (Address), Winfuld Jang.	24. Was disease er injury In any way related to occupation of deceased?			
20. FILEO A. J. J. 3. 193/ Alf & W. Registrar.	(Signed) M M Mayley M. D (Address) Lesson high			
If more blanks are medal address State Parists	or over M. Charles Street Believes Browning 71 S. Mr.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	23	Example II		
The principal cause of death and related cause of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	9 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-Ward) stead of street and number.)

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH I HEREBY CERTIFY, That I attended the deceased from that I last saw h and that death occurred on the date stated above, at The CAUSE OF DEATH Contributory Secondary (Duration) (Address)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

the Disease Causing Death, or, In

In the ...yrs....mos.....ds. Where was disease contracted, if not at place of death?..

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V./S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesmon. (b) nature of the business or industry, and therefore an Civil engincer, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day whatever, write None. business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the Housemaid, etc. Foremon, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Loborer-Cool mine, etc. Wom-Compositor, Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed Architect, Locomotive engineer, duties of the Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, approved stated unless important. use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railitoy train State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Fxhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid by Committee on 'Congenital," "Senile," etc.), "Dropsy, Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed